

Application Data Sheet

**Application Information**

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of Copies of CDs::	
Sequence Submission?::	None
Computer Readable Form (CRF)::	No
Number of copies of CRF::	0
Title::	NOVEL ENDOTHELIAL CELLS, ANTIBODIES DIRECTED AGAINST SAID CELLS AND USE THEREOF, IN PARTICULAR FOR SCREENING ANGIOGENESIS INHIBITING SUBSTANCES
Attorney Docket Number::	0508-1134
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	11
Small Entity?::	No
Latin Name::	
Variety Denomination Name::	
Petition Included?::	No
Petition Type::	
Licensed US Gov't Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent	No
Appl.?::	

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: FRANCE  
Status:: Full Capacity  
Given Name:: JEAN  
Middle Name:: PIERRE  
Family Name:: PLOUET  
Name Suffix::  
City of Residence:: TOULOUSE  
State or Province of  
Residence::  
Country of Residence:: FRANCE  
Street of Mailing 3, RUE NOULET  
Address::  
City of Mailing Address:: TOULOUSE  
State or Province of Mailing Address::  
Country of Mailing Address:: FRANCE  
Postal or Zip Code of Mailing Address:: F-31400

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: FRANCE  
Status:: Full Capacity  
Given Name:: SANDRINE  
Middle Name:: FLORENCE  
Family Name:: PEDRON  
Name Suffix::  
City of Residence:: RAMONVILLE SAINT AGNE  
State or Province of  
Residence::  
Country of Residence:: FRANCE  
Street of Mailing 10, AVENUE D'OCCITANIE  
Address::

City of Mailing Address:: RAMONVILLE SAINT AGNE  
State or Province of Mailing Address::  
Country of Mailing Address:: FRANCE  
Postal or Zip Code of Mailing Address:: F-31520

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: FRANCE  
Status:: Full Capacity  
Given Name:: MARTINE  
Middle Name:: MICHELE  
Family Name:: MAITRE-BOUBE  
Name Suffix::  
City of Residence:: TOURNEFEUILLE  
State or Province of  
Residence::  
Country of Residence:: FRANCE  
Street of Mailing  
Address::  
City of Mailing Address:: TOURNEFEUILLE  
State or Province of Mailing Address::  
Country of Mailing Address:: FRANCE  
Postal or Zip Code of Mailing Address:: F-31170

**Correspondence Information**

Correspondence Customer 00466  
Number::

**Representative Information**

Representative Customer	00466
Number::	

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/FR2003/002996	10/10/03

**Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::
FRANCE	02/12606	10/10/02	Yes

**Assignment Information**

Assignee Name::

Street of Mailing

Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::